2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 15, 2009
Secretary of State

DOCUMENT# L06000100220

Entity Name: SWEET GLIDES OF FLORIDA LLC

Current Principal Place of Business:

915 OUTER ROAD, SUITE 200
ORLANDO, FL 32814 US

New Principal Place of Business:

Current Mailing Address:

915 OUTER ROAD, SUITE 200
ORLANDO, FL 32814 US

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BUSINESS FILINGS INCORPORATED
1203 GOVERNOR'S SQUARE BLVD
SUITE 101
TALLAHASSEE, FL 323012960 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: D ( ) Delete
Name: COLSON, JR., WENDELL JR
Address: 1650 HANKS AVE.
City-St-Zip: ORLANDO, FL 32814

Title: D ( ) Delete
Name: COLSON, HAZEL
Address: 1650 HANKS AVE.
City-St-Zip: ORLANDO, FL 32814

ADDITIONS/CHANGES:

Title: D (X) Change ( ) Addition
Name: COLSON, JR., WENDELL JR
Address: 4025 CORRINE DRIVE
City-St-Zip: ORLANDO, FL 32814

Title: D (X) Change ( ) Addition
Name: COLSON, HAZEL
Address: 4025 CORRINE DRIVE
City-St-Zip: ORLANDO, FL 32814

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: WENDELL COLSON, JR. MGRM 04/15/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date